

**APPLICANT** (stamp or sticker acceptable)      **PATIENT NHI:** .....      **REFERRER** Reg No: .....

Reg No: .....      First Names: .....      First Names: .....

Name: .....      Surname: .....      Surname: .....

Address: .....      DOB: .....      Address: .....

.....      Address: .....      .....

.....      .....

Fax Number: .....      Fax Number: .....

**Lenvatinib**

**Initial application — thyroid cancer**

Applications from any relevant practitioner. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

Patient is currently on treatment with lenvatinib and met all remaining criteria prior to commencing treatment

or

The patient has locally advanced or metastatic differentiated thyroid cancer

and

Patient must have symptomatic progressive disease prior to treatment

or

Patient must progressive disease at critical anatomical sites with a high risk of morbidity or mortality where local control cannot be achieved by other measures

and

A lesion without iodine uptake in a RAI scan

or

Receiving cumulative RAI greater than or equal to 600 mCi

or

Experiencing disease progression after a RAI treatment within 12 months

or

Experiencing disease progression after two RAI treatments administered within 12 months of each other

and

Patient has thyroid stimulating hormone (TSH) adequately suppressed

and

Patient is not a candidate for radiotherapy with curative intent

and

Surgery is clinically inappropriate

and

Patient has an ECOG performance status of 0-2

**Renewal — thyroid cancer**

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 6 months.

**Prerequisites**(tick box where appropriate)

There is no evidence of disease progression

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: ..... Date: .....

Post application to Health New Zealand, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)

**APPLICANT** (stamp or sticker acceptable)      **PATIENT NHI:** .....      **REFERRER** Reg No: .....

Reg No: .....      First Names: .....      First Names: .....

Name: .....      Surname: .....      Surname: .....

Address: .....      DOB: .....      Address: .....

.....      Address: .....      .....

.....      .....

Fax Number: .....      Fax Number: .....

**Lenvatinib - continued**

**Initial application — unresectable hepatocellular carcinoma**

Applications from any relevant practitioner. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

Patient has unresectable hepatocellular carcinoma

**and**  Patient has preserved liver function (Childs-Pugh A)

**and**  Transarterial chemoembolisation (TACE) is unsuitable

**and**  Patient has an ECOG performance status of 0-2

**and**

Patient has not received prior systemic therapy for their disease in the palliative setting

**or**

Patient has experienced treatment-limiting toxicity from treatment with atezolizumab with bevacizumab

**and**  No disease progression since initiation of atezolizumab with bevacizumab

**Renewal — unresectable hepatocellular carcinoma**

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 6 months.

**Prerequisites**(tick box where appropriate)

There is no evidence of disease progression

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: ..... Date: .....

Post application to Health New Zealand, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT NHI:</b> .....	<b>REFERRER</b> Reg No: .....
Reg No: .....	First Names: .....	First Names: .....
Name: .....	Surname: .....	Surname: .....
Address: .....	DOB: .....	Address: .....
.....	Address: .....	.....
.....	.....	.....
Fax Number: .....	.....	Fax Number: .....

**Lenvatinib - continued**

**Initial application — renal cell carcinoma**

Applications from any relevant practitioner. Approvals valid for 4 months.

**Prerequisites**(tick boxes where appropriate)

- The patient has metastatic renal cell carcinoma
- and  The disease is of predominant clear-cell histology
- and  The patient has documented disease progression following one previous line of treatment
- and  The patient has an ECOG performance status of 0-2
- and  Lenvatinib is to be used in combination with everolimus

or

- Patient has received funded treatment with nivolumab for the second line treatment of metastatic renal cell carcinoma
- and  Patient has experienced treatment limiting toxicity from treatment with nivolumab
- and  Lenvatinib is to be used in combination with everolimus
- and  There is no evidence of disease progression

**Renewal — renal cell carcinoma**

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 4 months.

**Prerequisites**(tick box where appropriate)

- There is no evidence of disease progression

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: ..... Date: .....

Post application to Health New Zealand, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)